

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

1015 B, 844

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1 2				
4		2 1				
5		7 6				
6		10 7				
7		10 8				
8		10 9				
9		10 10				
10		10 11				
11		10 12				
12		10 13				
13		1				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	11	←		←		←
TOTAL CLAIMS	12					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						